



West Coast Dental Hygienists' Association Community Service Grant 2023-2024

The West Coast Dental Hygienists' Association Community Service Grant is to recognize dental hygienists who are implementing community health programs to underserved communities in our component. The grant is designed to encourage and support dental hygienists in developing programs that improve the public's oral health and provide oral health education and services. Funding through this grant program will provide the WCDHA members the necessary funds to start or continue an existing community service program.

1. The application deadline: **12:00 PM, NOON – Monday, October 30, 2023**. Submit original application via email to: wcdha@wcdha.org
2. Any applications submitted after the deadline of **Monday, October 30, 2023, AT 12:00 PM** will not be considered for funding.
3. Selection of Grant Recipient November 15, 2023, by Award/Grant Committee.

Contact:

WCDHA Award/Grant Committee Chair

Email: sdsrdh@yahoo.com

West Coast Dental Hygienists' Association Community Service

Grant 2023-2024

APPLICATION INSTRUCTIONS

1. Fund availability

Funds will be available as follows:

<u>Category</u>	<u>Maximum Request</u>	<u>Minimum Request</u>
WCDHA Community Service Grant	\$500.00	\$100.00

One (1) grant will be awarded per grant cycle to the program that meets the criteria established, which will be specifically defined.

2. Funding Criteria

WCDHA seeks applications from WCDHA members developing programs which are improving the public's oral health and provide oral health education and services. Applications can be submitted for new or existing community service programs.

There is a requirement of a minimum commitment of one (1) year (past initial funding) of any community service program.

Funded programs may not receive two (2) consecutive years of funding from the West Coast Dental Hygienists' Community Service Grant. If funded, the awarded program will not be eligible for funding until one grant cycle year has passed.

3. Applicant Eligibility

- Applicant must be a United States Citizen and a licensed dental hygienist.
- Applicants must be active members of WCDHA
- Applicant programs must be a non-profit 501(c)(3) organization.

4. Grant Period

The grant period will be from November 15, 2023, through November 1, 2024. Funding will be in place shortly after announcing award recipient. Funds awarded must be expended by November 1, 2024.

5. Submission requirements

A. Applications must be received on or before Monday, October 30, 2023 at 12:00 PM. Late applications will not be considered for funding.

B. Application Format

- a. Proposal is to be completed using the following formatting: Computer generated using a size 12 font and single line spacing.
- b. Do not submit any other information not requested by WCDHA.
- c. Original Proposal Cover Sheet to be signed IN BLUE INK.
- d. ALL pages should be numbered in correct sequence.
- e. All the pages and attachments must be included in the order listed below:
 1. Application Cover Sheet
 2. Application Items I through IV
 3. Proof of Non-profit Status (First page of most recent IRS 501(c)(3) tax exemption determination letter)
 4. Digital Photo Submission

6. Review and Award Notification

West Coast Dental Hygienists' Association Award/Grant Committee meets to review the submissions. Applicants may only contact the Committee Chairperson with any questions or concerns during the review process. West Coast Dental Hygienists' Association will notify grant applicants by November 15, 2023.

The committee will evaluate, and rank submissions based on the following criteria:

- A. Program Description (5 points)
- B. Program Narrative including:
 - a. Target Population and need for the program (5 points)
 - b. Implementation Process including Objectives and Outcomes (5 points)
 - c. Evaluation Process including appropriate evaluation measurements (5 points)
- C. Budget/Financial (5 points)
- D. Program Sustainability (5 points)

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APPLICATION COVER SHEET

1. Applicants First, Last Name: _____

2. ADHA member number: _____

3. Mailing address: _____

3. Phone Number: _____

4. E-mail address: _____

5. Program name: _____

6. Address of program (if different): _____

7. _____ Dollar amount being requested.

8. _____ Anticipated number of clients to be served.

9. Collaborative partners; is there a written agreement? Please list with answer Yes or No.

(Please list additional partners in your program description)

Yes No _____

Yes No _____

Yes No _____

10. Applicant's signature

11. Date

12. Type/Print Name

13. Proof of nonprofit status (circle) Yes No

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APPLICATION FORMAT

I. Program Summary

Summarize the community service program. Please do not include information that may create reviewer bias or conflict of interest (i.e., specific names, etc.).

II. Program Description

- A. Community Service Project details including title; Project location and address (school, community center, mobile unit).
- B. Identify if this is a new or existing program.
- C. Amount of funding requested.
- D. Start and end date of program.
- E. Organizational partners and total number of volunteers.

III. Program Narrative

- A. Identify the target population and need for the program.
- B. Clearly describe the implementation process including objectives and outcomes.
- C. Clearly describe the evaluation process including appropriate evaluation measurements.

IV. Program Budget

Present a clear and sound budget identifying how the grant funding will be utilized.
Discuss the sustainability of the program after the grant period ends.

V. Proof of Non-Profit Status

Note: The first page of your most recent IRS 501(c)(3) tax exemption determination letter, not the Consumer's Certificate of Exemption

VI. Submit digital photo with application